

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155385		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2011	
NAME OF PROVIDER OR SUPPLIER CAMELOT CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1555 COMMERCE STREET LOGANSPORT, IN46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/08/11</p> <p>Facility Number: 000466 Provider Number: 155385 AIM Number: 100289810</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Camelot Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered on the Administrative wing. The Residential wing which includes Middle, North and South halls was not sprinklered and of Type II (111) construction. The facility has a fire alarm</p>			K0000	<p>Submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this plan of correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0025 SS=E	<p>system with smoke detection in the corridors, spaces open to the corridors and battery operated detectors in resident sleeping rooms. The facility has a capacity of 75 and had a census of 60 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/11/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 3 of 5 smoke barrier walls were protected to maintain the one half hour fire resistance rating of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire be protected, so the space between the</p>			K0025	<p>1. No residents were affected.2. The space between the penetrating items in the 3 smoke barrier walls has been filled with a material capable of maintaining the smoke resistance of the smoke barrier. 3. All smoke barrier walls were inspected to ensure they were protected to maintain the one half hour fire</p>		09/07/2011

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	<p>penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 8 residents on Middle hall, 23 residents on South hall, 20 residents on North hall, as well as visitors and staff if smoke from a fire were to infiltrate the protective barrier wall.</p> <p>Findings include:</p> <p>Based on observations on 08/08/11 between 12:30 p.m. and 2:30 p.m. with the Maintenance Supervisor, the following exposed penetrations in the attic smoke barrier walls were not firestopped:</p> <p>a. The Middle hall smoke wall had two golf ball size holes on the north and south part of the smoke wall.</p> <p>b. The South hall smoke wall had a golf ball size hole on the east end of the smoke wall.</p> <p>c. The North hall smoke wall had two golf size holes on the east and west part of the smoke wall.</p> <p>Based on interview on 08/08/11 concurrent with each observation with the Maintenance Supervisor, it was acknowledged the aforementioned smoke barrier walls had unprotected openings</p>				<p>resistance rating of the smoke barrier. Preventative Maintenance check list has been updated to include inspection of smoke barrier walls. 4. Maintenance supervisor will report the results to the quality assurance committee monthly for 3 months and quarterly thereafter.</p>		

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K0051 SS=E	<p>which were not sealed with a fire rated material.</p> <p>3.1-19(b)</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke detectors on Middle hall was installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 8 residents on Middle hall as well as visitors and staff.</p>		K0051	<p>1. No residents were affected2. The smoke detector in the laundry room will be moved at least 3 feet from the air supply vent.3. All other smoke detectors were inspected to ensure proper placement. Preventative maintenance check list was updated to include checking for proper placement of all smoke detectors4. Maintenance Supervisor will report preventative maintenance results to the quality assurance committee monthly for three months and quarterly</p>		09/07/2011	

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K0147 SS=E	Findings include: Based on observations on 08/08/11 at 12:45 p.m. with the Maintenance Supervisor, there was one smoke detector in the Laundry room on Middle hall on the west part of the ceiling which was installed within six inches of an air supply vent. Based on interview on 08/08/11 at 12:50 p.m., it was acknowledged by the Maintenance Supervisor the smoke detector in the Laundry room was installed within six inches of an air supply duct in the ceiling which would interfere with the smoke detector's ability to detect smoke to its fullest capability. 3.1-19(b)			K0147	thereafter.		09/07/2011
	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 5 electrical junction boxes observed were maintained in a safe operating condition. LSC 19.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 370-28(c) requires all				1. No residents were affected. 2. Compatible covers were installed over the two electrical junction boxes. 3. All other electrical junction boxes were inspected to ensure proper coverings were in place. Preventative Maintenance check list has been updated to include inspection of electrical junction boxes. 4. Maintenance Supervisor will report findings to		

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	<p>junction boxes shall be provided with covers compatible with the box. This deficient practice could affect 8 residents on Middle hall and 23 residents on South hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 08/08/11 between 1:15 p.m. and 2:15 with the Maintenance Supervisor, one electrical junction box with four electrical wire connections jutting out of the box without a cover was above the ceiling next to Middle hall smoke wall and one electrical junction box with four electrical wire connections jutting out of the box without a cover was above the ceiling next to South hall smoke wall. Based on interview on 08/08/11 concurrent with each observation with the Maintenance Supervisor, it was acknowledged the electrical junction boxes located next to the aforementioned smoke walls were not provided with covers for the electrical junction boxes.</p> <p>3.1-19(b)</p>				the quality assurance committee monthly for three months and quarterly thereafter.		

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